

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: 03-35	2. STATE Louisiana
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE September 21, 2003	

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT


COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 435.400	7. FEDERAL BUDGET IMPACT: a. FFY <u>2003</u> <u>\$3.11</u> b. FFY <u>2004</u> <u>\$125.78</u>
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 2.6-A, Supplement 16, Page 2	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Same (TN 01-16)

10. SUBJECT OF AMENDMENT: **The purpose of this amendment is to eliminate the consideration of Temporary Assistance to Needy Family work requirements in determining Medicaid eligibility.**

11. GOVERNOR'S REVIEW (Check One):

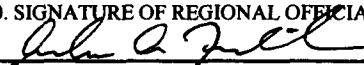
☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☒ OTHER, AS SPECIFIED: **The Governor does not review state plan material**☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: State of Louisiana Department of Health and Hospitals 1201 Capitol Access Road PO Box 91030 Baton Rouge, LA 70821-9030
13. TYPED NAME: David W. Hood	
14. TITLE: Secretary	
15. DATE SUBMITTED: September 24, 2003	

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17. DATE RECEIVED: 29 SEPTEMBER 2003	18. DATE APPROVED: 13 NOVEMBER 2003
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 21 SEPTEMBER 2003	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: ANDREW A. FREDRICKSON	22. TITLE: ASSOCIATE REGIONAL ADMINISTRATOR DIV OF MEDICAID & CHILDREN'S HEALTH

23. REMARKS:

— The agency applies higher resource standards than those in effect as of July 16, 1996, increased by no more than the percentage increases in the CPI-U since July 16, 1996, as follows:

X The agency uses less restrictive income and/or resource methodologies than those in effect as of July 16, 1996, as follows:

The Bureau of Health Services Financing disregards all resources in determining Medicaid eligibility for Low Income Families with Children.

The income and/or resource methodologies that the less restrictive methodologies replace are as follows:

- 1) Burial insurance, funeral plans, or funeral agreements are exempt from countable resources.
- 2) Cash surrender values of life insurance policies are exempt from countable resources.
- 3) Equity value up to \$10,000 of one vehicle used for transportation is exempt from countable resources.
- 4) Remaining resource methodologies in effect as of July 16, 1996

— The agency terminates medical assistance (except for certain pregnant women and children) for individuals who fail to meet TANF work requirements.

— The agency continues to apply the following waivers of provisions of Part A of title IV in effect as of July 16, 1996, or submitted prior to August 22, 1996 and approved by the Secretary on or before July 1, 1997.

SUPERSEDES: TN# 01-16

STATE <u>Louisiana</u>	A
DATE REC'D <u>29 Sept 2003</u>	
DATE AP'D <u>13 Nov 2003</u>	
DATE EFF <u>21 Sept 2003</u>	
HCFA 179 <u>LA 03-35</u>	

TN# 03-35

Approval Date _____

Effective Date _____

Supersedes

TN# 01-16